# Health Care Providers in a Safe Community

Health care providers are important stakeholders in controlling the effects of injury on any community. Their efforts and expertise in acute care and rehabilitation would seem to make them a natural partner in any local traffic injury prevention program such as Safe Communities. However, approaching health care providers may seem full of strange systems and terminology. The health care system may be unfamiliar, but it is no more complicated than entering any new organization and trying to understand how it operates. Certainly the more you know, the more helpful it will be, but it isn't necessary to know everything to gain the effective involvement of health care providers in motor vehicle injury prevention. The answers to several key questions may be helpful:

- What are the incentives for health care providers to be involved?
- How, specifically, can health care providers contribute to Safe Communities?
- Where can health care providers be found?
- How should health care providers be approached to gain their involvement?

## Incentives

The incentives for the involvement of health care providers in injury prevention and control can be found in four general areas: health care finance, logic and attitude, professional responsibility, and personal frustration.

### Health Care Finance

Health care finance has changed a great deal in the past 10 years, and will continue to change. In the former model ("fee-for-service"), people got hurt, they received medical attention (e.g., doctor's office, clinic, emergency department, pre-hospital setting, etc.), and then they paid for it. The more care received, the more the insurance carrier paid, making the carrier financially liable for the treatment of injury.

Enter managed care and capitated care. While these terms have different meanings in different areas of the country, the ideas are basically the same. With this kind of coverage, the insurance and health care providers — health maintenance organizations (HMOs), Preferred Provider Organizations (PPOs), etc. — pay the health care service (doctor, hospital) a flat fee per patient per unit

of time (ergo, the term capitated care — it's care on a per capita basis). This amount paid to the health care institution stays the same, whether the patient is healthy or injured. With some managed and capitated care systems, the hospital or the doctor is paid a flat rate per diagnosis ("X" amount for a broken hip, "Y" amount for a broken leg). In this model, financial liability shifts to the hospital and the doctor.

In this new model of health care delivery that includes preventive services, keeping people well has become just as important as treating injuries. In the former model, acute care (hospital) and rehabilitation facilities were significant health care institutions because they were profitable. In the new model, prevention activities become much more important, as they are likely to save money by decreasing the number of visits to the emergency department (ED). And the return on their investment will be faster than with other forms of prevention, such as those for disease prevention (18 to 24 months vs. 15 to 20 years).

This new model of health care finance affects different parts of the health care field in different ways. Doctors and hospitals are most directly affected, as they bill directly to insurance providers for their services. With "per capita" reimbursement for any specific problem, it's in the doctor's best interest to manage care efficiently, and prevent any complications from lengthening the patient's hospital stay.

Getting actively involved in community projects to reduce motor vehicle injuries will increase the visibility of those in the health care profession to the public. By getting involved in injury prevention, those in health care will enhance their reputation in the eyes of the public.

## Logic and Attitude

Those in health care must undergo a fundamental change in attitude toward injury to invest themselves in the prevention of injuries. Until now, injuries and their prevention have been perceived differently than disease prevention. Just like the public, most health care providers have considered injuries as unavoidable, random "accidents." With this attitude, there is little that can be done, except wait till they happen. The key is getting those in health care to refuse to attribute injuries to chance, and to refuse to view injuries as inevitable and acceptable. Health care providers know from experience that youth who undertake high-risk behaviors do get injured more often. They know from experience that those who consume alcohol increase their chance of getting hurt — or hurting others. By contributing their own knowledge and experience to public awareness, health care providers could make a significant contribution to injury reduction and control.

Comparing injuries to other huge health care problems, such as heart disease, provides a comparison to knock down some of the "mental" walls. Injury could be controlled by applying many of the same models used to control disease (i.e., prevention, acute care, and rehabilitation). If, for example, medicine had focused only on mortality data in addressing heart disease, progress would be limited to reducing the number of deaths. By also addressing the long-term, debilitating effects of heart disease on those who also survive and must live with chronic heart disease, many more advances have been made. By addressing risk factors and changing people's habits (smoking, diet, exercise), the prevention of heart

disease has become an important priority. The same model of addressing acute, chronic, and preventative phases should be applied to the problem of injury. If the effects of injury are truly to be *controlled*, all phases must be addressed.

## Professional Responsibility

Pre-hospital first responders and ED professionals are often the first to treat injured people. Yet, if you asked them to compare the number of severely injured to those with minor or moderate injuries, it is likely you will find that more are treated with minor and moderate injuries These people are usually treated without any attention to how they got injured. Returning to the comparison with the cardiac patient, most in health care would feel compelled to do some "patient teaching" about diet, exercise, stress reduction, etc., before the patient left their care. Yet, with the injured patient, we focus on treatment only, without any effort given to how to avoid a similar injury in the future. Sharing prevention information with patients while they are being treated is sometimes the prime time to make a lasting impression and prevent recurrence. Health care providers could identify those in need of preventative interventions by identifying high-risk individuals and connecting them with community resources to address their needs. Without prevention teaching and referral, injured patients don't receive the same level of care as those with other diseases. Without such action, injured individuals are doomed to be treated by health care providers over and over again.

Often, those who seek non-emergency health care in places like the ED are poor and have no other access to health care. These are also, according to numerous studies, people with less information about and access to safety equipment. The family who can't afford a pediatrician probably can't afford a child safety seat either. Those in health care could be key in identifying those individuals with a greater risk for injury and in connecting them with the appropriate community resources to address these needs and avoid injuries. One could argue that there is a professional responsibility to intervene on behalf of those most vulnerable to injury. The return on this investment is impressive. For example, while only 25 percent of children covered by Medicaid use child safety seats, 95 percent of low income families with child safety seats do use them[1].

Those in health care certainly have the credibility to make an impression on the public, in terms of changing lifestyles and habits. Reductions in the acceptability of smoking and drinking are two examples of such influence and its positive effect on the public's health. If the same influence were exerted on the prevention of injuries, significant reductions could result. One could argue that health care providers have the responsibility to use their influence to do so.

## Personal Frustration

Many health care professionals who care for injured people often feel frustrated as they continue to care for completely avoidable injuries. Getting involved in injury control is a way to address professional frustrations of caring for those with avoidable injuries, or the anger often felt when treating victims of someone else's behavior (i.e., victim of an impaired driving crash). Directing that energy and becoming involved in programs that have a proven track record of success will help those in health care to really "make a difference," as opposed to just "doing nothing" about the repetitive injuries they often feel helpless to reduce.

Health care providers are used to treating one patient at a time, on an endless conveyor belt of illness and injury. Injury prevention activities are a more efficient expenditure of effort. Instead of addressing the existent injuries of one patient (when it's already too late), the injuries of an entire community can be addressed, prevented, and reduced.

Lastly, most patients get to and from the hospital by motor vehicle. The chances of being harmed en route are greater than anything that brought them to the hospital in the first place. Yet, those in health care rarely talk about these things with their patients. People often spend significant time waiting in the health care environment. This wait could be used as an opportunity for learning, by sharing injury prevention information that is appropriate for the age, environment, and lifestyle of the person. Pediatricians have been doing this for years, and could serve as examples to others in health care. This example from a peer within health care may be an effective way to convince health care providers of the need for their involvement in injury prevention, and the probability of success.

# Talents to Contribute

Health care providers have skills and influence that can provide useful roles for them as part of Safe Communities, once they are identified. Those who care for injured people share the unique ability to humanize the issue of injury. Relating experiences in caring for the injured and their families gives "a face" to injury statistics. Health care providers have a great deal of credibility with the public. That credibility may provide the opportunity to act as a community spokesperson. Those in health care may have other specific areas of expertise and talents related to their background and training.

## Physicians

The practice of medicine is largely based on data collected on successful interventions. Doctors have a lot of experience to contribute in data analysis and use, and can help identify those at risk for sustaining injury. Physicians may also be helpful in gaining access to data and convincing others of the need for data linkage through their influence. Doctors are powerful figures within health care, and can be credible sources of influence and information, particularly when trying to pass legislation or gain community endorsement.

## Nurses

The art of nursing involves caring for people with injuries and finding ways to meet the patient's needs by using multiple resources, in and outside the hospital. Therefore, nurses are skillful in organizing and collaborating. Their practical focus will be valuable to Safe Communities efforts, especially in the areas of integrating resources and creating partnerships. Once convinced of a need, they are dedicated volunteers, with excellent follow-through and high levels of commitment.

## Pre-hospital Personnel

The credibility born of "hands on" experience offers an opportunity for Emergency Medical Service (EMS) providers to have significant impact on injuries and

deaths in their communities. EMS providers work in the community every day and are well respected by the public. They have established relationships with other public safety personnel, such as law enforcement and fire service. Because of their experience in caring for people in motor vehicle crashes and motivation to prevent unnecessary injury and death, EMS providers can be valuable and dedicated members of a Safe Communities initiative.

## Where do I find them?

In all communities, local contacts and sources may reveal a possible “recruit” for Safe Communities activities. Many individuals may know a nurse or a firefighter, and existing coalitions may already have nurse or physician members. Most communities also have bodies that regulate and/or advise legislators on the community’s EMS system. These bodies usually have representation from multiple disciplines within health care, and may be good places to find contacts. The local fire chief or EMS manager, the nursing manager of the local ED, or a trauma center’s trauma coordinator may also be key people to approach for involvement.

Other sources of information might be national organizations, who can put you in touch with local members. Examples of national professional organizations include:

- American College of Emergency Physicians
- Emergency Nurses Association
- Emergency Nurses Cancel Alcohol Related Injuries (EN C.A.R.E.)
- American Academy of Pediatrics
- Society for Pediatric Nurses
- Society of Trauma Nurses
- International Association of Fire Fighters
- National Registry of Emergency Medical Technicians
- National Association of EMS Directors
- National Association of EMS Physicians
- American Trauma Society
- American College of Surgeons

## What’s an Effective Approach?

What is important to know about any one organization, profession, or its members? One specific answer probably doesn’t exist for any profession or

organization. Even within the professions that make up health care, significant differences exist because of regional idiosyncrasies and operational differences between institutions. Rather than supplying answers of limited use, it may be helpful to know which questions to ask. The process of seeking the involvement of any individual or group is somewhat the opposite of a job interview — you want them to fit the job — but how do their qualifications fit the skills you need? And what can the collaborative group do to make being a member attractive for this particular individual or organization?

The reasons health care providers become involved in injury prevention activities may be fairly specific, but the method of approach is the same as for any other professional. People in health care have limited time and resources, similar to those in business or government. Health care providers will look for specific information, just as any other professional would (e.g., exactly what you would like them to do, what the financial or time commitment would be). Tailoring the approach with the incentives and talents already mentioned, proceed with a simple agenda:

1) Introduce yourself/your organization.

- Share information about structure, history, mission and goals.

2) Ask questions and seek information.

- Attempt to learn about the structure, history, mission, and goals of the health care provider/organization. What does it mean, e.g., to be a nurse? What do nurses actually do during a typical day? What do they want people to know about their job to understand it? Are there any informal etiquette or protocols to be observed in dealing with the organization/ profession? What projects is the provider/organization currently involved in? What is the time frame for these projects? The answers to these questions may offer insights for potential partnership.

3) Explain the injury prevention project.

- Who, what, when, where, why, how. Be as specific as possible.

4) Discuss the potential role for the health care professional, including:

- What specific contributions the health care professional could make
- What the health care professional stands to gain with involvement
- Strategies for counteracting potential liabilities
- What part of their organization handles the type of project you're interested in?
- Who would be the best contact for you within their

organization?

- What organizational channels/ chain-of-command would they have to go through to approve of involvement?
- What would the individual/ organization hope to gain from their involvement?

5) Mutual agreement for future interaction or involvement.

- Select one person as a contact person.

Health care providers have numerous talents and resources to contribute to Safe Communities. Their specific incentives for involvement give them an important stake in reducing and controlling motor vehicle-related injuries. Once they are identified and approached, they can become effective and valuable members of a local motor vehicle injury prevention initiative such as Safe Communities.

## About the Author

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***Footnote*:**

- *Childhood Injury: Cost & Prevention Facts. 1994. Children's Safety Network, National SAFE KIDS Campaign, Maternal and Child Health Bureau.*